

Concurrent Session Descriptions Cumberland Hall

Wednesday, April 19, 2006

Concurrent Sessions 2:15 p.m. – 3:00 p.m.

Building Hospital Surge Capacity: Training MRC Volunteers

G

Eugenie Schwartz: Yale New Haven MRC, New Haven, CT

Carol Luddy: Yale New Haven MRC, New Haven, CT

Building healthcare personnel surge capacity is an essential component of hospital emergency preparedness. The Yale New Haven Health System MRC program has developed a just-in-time training template that delivers hospital-, disaster-, and role-specific information to each hospital disaster volunteer. This training template has been approved by the Joint Commission on Accreditation of Healthcare Organizations. This presentation will: 1) discuss the role of MRC in addressing hospital surge capacity needs, 2) compare and contrast pre-event and just-in-time training needs, and 3) describe how drills and exercises can be used to evaluate competency and training effectiveness.

Topic Area: Training/Emergency Preparedness & Response

Arizona Responds: Intake, Deployment, and Volunteer Experiences

B

Brian Supalla: Yavapai County MRC, Prescott, AZ

Richard Thomas: Maricopa MRC, Phoenix, AZ

Scott Ingram: MRC of Southern Arizona, Tucson, AZ

Arizona's three MRC units notified their volunteers, processed 216 deployment applications, and deployed 92 medical and non-medical volunteers to the Hurricane Katrina response by request of the MRC National Program Office. In addition, approximately 847 non-deploying new volunteers were recruited, and different methods of intake/processing were employed. This presentation will: 1) explain the various intake methods used and lessons learned, 2) discuss national service member use, and 3) provide volunteer competencies gained as a result of Katrina deployment.

Topic Area: 2005 Hurricane Respons

MRC Sustainability: Our Financial Wellbeing—Now and in the Future

L

Laurie Nelson: Howard County MRC, Columbia, MD

Judy Marston: Virginia Department of Health, Richmond, VA

Ann Reiss: Montgomery County MRC, Rockville, MD

Todd Abrisch: MRC of York, Adams & Carroll County, Hanover, PA

In December 2005, the Sustainability Work Group was established to assist the national MRC body to determine its current and estimated financial health and wellbeing. Part of this presentation will be devoted to an open forum, where MRC unit leaders will have the opportunity to provide feedback and information sharing on financial strategies used to conduct daily and long-term MRC operations. This presentation will offer alternative methods of current and future funding (other than the OSG) in use by MRC units.

Topic Area: Sustainability

Partnering With the Critter Clubs: “Lions, Eagles, and Elks, Oh My!”

C

Diana Yu: Washington Region 3 MRC, Olympia, WA

Sammy Berg: Washington Region 3 MRC, Olympia, WA

The Thurston County Public Health & Social Services currently supports a growing MRC, but lacks the volume of volunteer resources needed to hold a mass clinic during a public health incident. Partnering with existing service clubs is a strategic way to obtain necessary resources. The department has successfully tested mass clinic plans with MRC and Lions Club members with influenza and back-to-school clinics. Combining the MRC with existing community clubs will serve the county well when needed. This presentation will: 1) identify community resources that are natural partners for public health, 2) discuss the roles non-medical volunteers will play in a mass public health event, and 3) communicate the benefits of partnership with public health preparedness to volunteer service organizations.

Topic Area: Local Partnership Building

Sharing the Positives: Have You Been Here and Done This in Recruitment?

J

Peggy McCormick: Orange County MRC, Santa Ana, CA

This presentation will focus on the many organizations in which MRC coordinators could recruit MRC volunteers and will provide ways to reach the masses to recruit in numbers. It will address ways to engage volunteers once recruited to manage the numbers and develop tools that will retain volunteers by using their skills. The presentation will address concepts such as: 1) “something old, something new in recruitment,” 2) management versus motivation, and 3) communication cycles of retaining volunteers.

Topic Area: Volunteer Management/Relations

**MRC: Supplementing the Public Health Services During Times of Need—
Special Projects to Enhance the Community**

K

Judy Nuland: Collier County MRC, Naples, FL

The mission of the Collier County MRC is to support and supplement existing medical and public health services and serve the local community during times of need. Some of the MRC

members are helping to improve the discharge efforts of the Special Needs Population from shelters after a hurricane, and some are assisting with the Pandemic Influenza Plan. This presentation will: 1) identify ways MRC members can maximize the reach of health programs, 2) discuss the unique opportunities for the MRC within an Influenza Campaign, and 3) describe ways for MRC units to integrate some of these processes.

Topic Area: Public Health Initiatives/Surgeon General's Priorities

Concurrent Sessions 3:15 p.m. – 4:00 p.m.

Implementing Disaster Medicine Training in a Medical School Curriculum: From Demonstration Project to Curricular Integration

G

Joseph Baltz: UVAMRC, Charlottesville, VA

Kim Dowdell: UVAMRC, Charlottesville, VA

David Beckert: UVAMRC, Charlottesville, VA

Edward Kantor: UVAMRC, Charlottesville, VA

After an initial demonstration period in which the UVAMRC partnered with public health and emergency response agencies, “real world,” all-hazards disaster skills training has been integrated into the third-year medical student curriculum at UVA School of Medicine. Beyond training a generation of medical professionals, this project is expected to increase awareness and interest in volunteerism during and after school and may lead to careers in disaster medicine and public health. Participants will: 1) gain an awareness of current attempts to implement all-hazards disaster training in medical education, 2) discuss the benefits of collaboration among medical education and public health efforts to match the development of core competencies, and 3) examine one model of how to incorporate all-hazards disaster training into their local health professions school along with modifications and improvements that will have the greatest benefit to their local area needs.

Topic Area: Training

Developing MRCs Regionally: How to Use Existing Resources to Develop and Sustain an MRC

B

Dawn Carmen Sibor: Brookline MRC, Brookline, MA

Alison Minkoff: Cambridge Health Alliance, Cambridge, MA

This presentation provides practical strategies for developing and sustaining a regional MRC. It describes the process of building support and outlines how the Region 4b MRC will use existing resources and lessons learned from Brookline, MA, which has established the region's only funded and operational MRC. Region 4b includes 27 communities near Boston (population 981,386) that are funded through the state health department to collaborate on emergency preparedness initiatives. Presenters will discuss successes and challenges and will provide concrete tools to help attendees establish their own regional MRC structure. The presentation also will address the strategies for sustaining a regional MRC with limited funding and

resources. Participants will: 1) list and use resources available for regional MRC development, 2) use tools presented to develop regional MRC programs, and 3) use information from the workshop to sustain MRC programs with limited funding and resources.

Topic Area: Organizational Models/Sustainability

San Diego County MRC and the Red Cross: An Integrated Response to Disasters

L

John Hill: San Diego County MRC, San Diego, CA

The San Diego County MRC has established a unique relationship with the San Diego American Red Cross (ARC) chapter, where members of the MRC are allowed to provide medical care to disaster victims in ARC shelters. Following the disastrous fires of 2003, San Diego County Public Health Services (sponsor for the MRC) and ARC realized that an integrated approach to disaster response and shelter medicine needed to be examined. After several meetings, both groups developed a method where definitive medical treatment could be provided at ARC shelters without the ARC being responsible for the medical professionals or for their liability coverage. The partnership was tested during Hurricane Katrina and was seen as a resounding success. This presentation will: 1) provide the background that prompted the partnership, 2) describe the actions taken to develop and solidify the partnership, and 3) discuss the integration during Hurricane Katrina and the lessons learned.

Topic Area: Local Partnership Building/2005 Hurricane Response

Whatever You Do, Don't Stand on the Corner Dressed as a Patriotic Chicken!

C

Public Relations Efforts: What Works and What Doesn't

Pam McGraw: McHenry County MRC, Woodstock, IL

John Cox: DuPage County Medical County Medical Reserve Corps, Wheaton, IL

Pat DeMoon: Kane County MRC, Aurora, IL

Bill Hall: Palatine MRC, Palatine, IL

Kim Hunter: Douglas County Health Department MRC, Tuscola, IL

Theresa Browley: Chicago MRC, Chicago, IL

This presentation will be conducted by the Illinois MRC units. This group functions well as a team and has learned a lot from one other. This state bond has helped the established units stay connected and the new units to form with greater ease. Each MRC unit representative will provide a short summary of one local public relations effort/success. The Illinois MRC coordinators will represent diverse geographical communities, including large counties, a smaller county, a town, and a large city. The goal of this presentation is to: 1) share various Illinois-based MRC public relations experiences, 2) share how this group has communicated as a state, and 3) share what works and does not work in the different communities.

Topic Area: Public Relations

Personal Health Records for Katrina MRC Volunteers

J

Rob Gillio: Lancaster MRC, Lancaster, PA

The MRC of Lancaster, PA, saw a need that arose from the nationwide deployment of MRC volunteers for response to the Gulf Coast disaster and used its volunteer expertise and time to deploy a system for preparing MRC volunteers. This system allowed for health information to be provided prior to volunteer deployment to a high-risk assignment or area. The Health Passport, an online medical record, was provided without cost to the volunteers who participated. This presentation will discuss why this was provided, the mechanism for deployment, the use of the Health Passport, and the success and lessons learned from the experience. The presenter also will discuss how the passport has become part of the community preparation and response solution in parts of the affected region, implications for all MRC units, and the opportunity for participants to use this tool in their units.

Topic Area: Utilization of Technology/Communications

The Role of MRC Volunteers Meeting the Surgeon General's Health Priorities

K

Bilkisu Danjaji: Dekalb County Board of Health MRC, Decatur, GA

Denise Garrett: Fulton County MRC, Atlanta, GA

Stacy Wyatt: Beach Cities Health District, Redondo Beach, CA

The national MRC work group on the U.S. Surgeon General's Health Priorities was established to brainstorm ideas for MRC involvement in health priority areas that could be adopted by any MRC unit (i.e., disease prevention, eliminating health disparities, public health preparedness, improving health literacy, and children and healthy choices). Various skills (e.g., dental emergency care, public health personnel, etc.) are needed in emergency situations, but they may not be readily available. Presenters will brainstorm/share the role MRC volunteers can play in disease prevention/reduction of health disparities in their community with other MRC units. These ideas will be introduced as a method of retention and marketing for MRC units so that volunteers are not only training for disasters, but are becoming more involved in meeting other community needs.

Topic Area: Surgeon General's Priorities

Concurrent Sessions 4:15 p.m. – 5:00 p.m.

Using Public Health Missions to Prepare for Disaster Response

G

Frank Stead: Texas Medical Rangers MRC, San Antonio, TX

The Texas Department of State Health Services has defined the Rio Grande Valley communities as underserved areas for medical services. The Civilian-Military Readiness Training project helped to provide free medical services to these communities. The Texas Military Forces participated in this mission with one of their component forces, the Texas State Guard MRC. The

MRC medical specialists set up clinics in three community elementary schools, treating patients in the same manner as they would if they were deployed to respond to a natural disaster or terrorist attack. The MRC took key leadership and command positions in the planning and execution of the medical mission with 85 individuals providing more than 435 days of service. Approximately 5,600 individuals received more than 14,000 medical and dental procedures including diabetic screenings, prescriptions, immunizations, eye and hearing exams, and dental care during the 10 days of clinic operation. This presentation will show that: 1) community service also can be real-world training, 2) joint military and civilian training in actual environments builds effectiveness, and 3) application of HSPD-5 to joint military and civilian training missions can be successful.

Topic Area: Training/Public Health Initiatives

Citizen Corps Partners: Unified Mission—Diversified Funding

B

Sandra Jablonski: Southern Alleghenies EMS Council MRC, Duncansville, PA

The identity of the MRC as a chartered Federal partner of Citizen Corps is sometimes obscured by the diversity of MRC organizational models. How, why, and when MRC units were formed may have impeded integration into mainstream public health and/or homeland security arenas. This presentation will focus on reaffirming the MRC program as an integral part of Citizen Corps. It will reacquaint participants with Citizen Corps partners and affiliate programs. Mission and program commonalities will be identified and linked to diverse parent agencies such as health and human services, departments of health, emergency management agencies, and other homeland security and public health partners. Sustainability will be addressed from the perspective of locating and integrating diversified funding sources to support common missions.

Topic Area: Local Partnership Building/Sustainability

Update on the MRC Mental Health Work Group: Identifying Standards and Training Opportunities in Mental Health

L

Pat Santucci: Southwest Florida MRC, Fort Myers, FL

John Hickey: Nassau County Department of Health Medical Reserve Corps, Mineola, NY

Edward Kantor: UVAMRC, Charlottesville, VA

Steering committee members will present an overview of the development, goals, and progress of the Mental Health Work Group with a special focus on the collaborative activities among the MRC, the National Child Traumatic Stress Network, and the National Center for Post-Traumatic Stress Disorder. The significant issues related to Disaster Mental Health Core Competencies will be discussed including a structure friendly to public health and academic medicine and plans to develop a system outlining knowledge objectives and skills for a wide range of volunteers. The curriculum and guide book *Psychological First Aid: Field Operations Guide*, developed by the Terrorism and Disaster Branch NCTSN and modified for use by the MRC, will be introduced.

Topic Area: Mental Health

Role of MRC in Hunterdon County's First Responder Prophylaxis/ Home Quarantine Plans

C

Stephanie Brown: Hunterdon County MRC, Flemington, NJ

Hunterdon County developed a First Responder Prophylaxis Program to rapidly distribute medication or vaccination to its first responder community if necessary. Hunterdon County also is developing fixed facility plans with major businesses nationwide. MRC volunteers will be used in "mobile vaccination/medication teams." The county also is planning a Home Quarantine/Isolation Support Plan with the Prophylaxis Program. This plan would use county health department personnel and MRC volunteers to support families in quarantine or isolation. This team is working with agencies to coordinate plans in their municipalities. To ensure the success of any home quarantine planning, it is integral that the Hunterdon County MRC is trained and prepared to support medical and community roles, responsibilities, and functions.

Topic Area: Emergency Preparedness & Response

Primary Care in a Disaster Zone/Deployment of Volunteers: Mobilizing Quickly and Focusing on the Mission

J

Jill DeBoer: MRC of University of Minnesota, Minneapolis, MN

Timothy Schacker: MRC of University of Minnesota, Minneapolis, MN

Kevin Smith: MRC of University of Minnesota, Minneapolis, MN

In the first week after Hurricane Katrina, a unique collaboration formed that involved four organizations in Minnesota: the University of Minnesota MRC, Mayo Clinic, College of St. Catherine, and American Refugee Committee. Operation Minnesota Lifeline was created and invited to work within the Louisiana Department of Health and Hospitals Office of Public Health in and around Lafayette, LA. For 60 days, this collaboration provided primary care treatment in shelters, vaccinations for evacuees, medical and nursing support for a special needs shelter, and collaborated with the Region IV Office of Public Health in developing an ongoing, sustainable system of primary care clinics. The University of Minnesota MRC, formed in 2004, was the only academic MRC deployed to Louisiana. Twelve days after Hurricane Katrina hit, a team left Minnesota to prepare for the first team of 95 volunteers who would arrive within 1 week. During the 60 days subsequent to Operation Minnesota Lifeline, the volunteers achieved their objectives. This presentation will: 1) explain the model that was developed to provide primary care in a disaster setting, 2) share details on the scope of the mission and what was accomplished, and 3) provide lessons learned and areas in need of improvement.

Topic Area: 2005 Hurricane Response

Involvement in the 2005 Hurricane Response

K

Joan Valas: Columbia School of Nursing, New York, NY

Kristine Gebbie: Columbia School of Nursing, New York, NY

The purpose of this session is to describe critical lessons learned about the intersection of public health and medical care during the recent hurricanes that can be applied to strengthen emergency planning and response in the health sector. The presentation is based on emergency responders' critical review of responses to these disasters in one Louisiana trauma center with three response teams over time. Presenters will: 1) review aspects/phases of planning response efforts and roles of the hospitals, shelters, and health departments during a disaster; 2) identify critical lessons learned about the roles of emergency responders as clinicians, public health professionals, and community workers; and 3) describe potential approaches to planning, training, and exercising based on these lessons.

Topic Area: 2005 Hurricane Response

Thursday, April 20, 2006

Concurrent Sessions 3:00 p.m. – 3:45 p.m.

Collaboration in Ohio: Local and State Integration of the MRC Program

J

Forrest Smith: Ohio Department of Health, Columbus, OH

David O'Reilly: Ohio Department of Health, Columbus, OH

Carol Jacobson: Ohio Hospital Association, Columbus, OH

Florence Drayden: Montgomery County MRC, Dayton, OH

Margo Schramm: Lucas County Regional Health District MRC, Toledo, OH

The Ohio Department of Health, Ohio Citizen Corps, and Ohio Emergency Management Agency work with state and local agencies to develop the Ohio Medical Reserve Corps (OMRC). The goal of the OMRC is to develop pre-identified, credentialed healthcare professionals to respond to an Ohio "event" and to assist local health planners and future incident commanders. The OMRC state committee is comprised of state agencies, organizations, professional associations, and local MRC units. The OMRC committee facilitates state, regional, and local planning by developing consistent, statewide parameters to assist with the deployment of OMRC volunteers. Ohio's goal is to develop and register one local MRC unit per county with the Office of the U.S. Surgeon General. This panel presentation will show: 1) how Ohio has collaborated with state and local agencies for disaster planning, 2) how Ohio has integrated medical and non-medical volunteers in a statewide database, and 3) how Ohio is developing and supporting local MRC units in each county.

Topic Area: Organizational Models

Use of Just-in-Time Training for POD Staff: The NYC Experience

K

Anne Rinchiuso: NYC MRC, New York, NY

NYC has a wealth of experience in using Just-in-Time (JIT) training to prepare Point-of-Dispensing (POD) staff to successfully perform their duties. They have tested their model with different groups of potential POD staff, including: 1) NYC Department of Health and Mental

Hygiene (DOHMH) clinical staff, 2) a multidisciplinary mix of MRC volunteers, 3) medical students, 4) dental students, and 5) non-medical volunteers from Community Emergency Response Teams and the American Red Cross. After each drill/exercise, they collect feedback from participants and review the accuracy with which staff dispensed the prophylactic medications using DOHMH protocols and algorithms. Through this iterative process, they translate this information into improvements in training methods. This presentation will provide an overview of NYC's JIT training plans for POD staff including information on materials used, protocols followed, and data on the accuracy of dispensing by various staff members using protocols for both antibiotic distribution and smallpox vaccination.

Topic Area: Training/Emergency Preparedness & Response

Creative Staffing: Utilizing AmeriCorps Members to Staff MRC Programs

L

Lauren Bateman: UVAMRC, Charlottesville, VA

Michael Marino: Alexandria MRC, Alexandria, VA

Lorie Ros: Rappahannock MRC, Fredericksburg, VA

Judy Marston: Virginia Department of Health, Richmond, VA

As MRC units employ new strategies for expansion and sustainability, the possibility of novel relationships and interagency partnerships may become as important as direct funding. Programs that offer volunteer opportunities to individuals at any stage of professional development through placements in the community and educational and governmental agencies (e.g., AmeriCorps) have the potential to benefit both the individual and the fledgling MRC programs. Several Virginia MRC units have begun working with the AmeriCorps program, Virginia Community Corps, and have incorporated AmeriCorps members into their organizations in various ways. This session will address the following: 1) a brief introduction to AmeriCorps, 2) how this process has evolved in Virginia, 3) member utilization, 4) potential benefits, and 5) early obstacles. Participants will gain an awareness of the ways AmeriCorps members can expand the mission of and promote sustainability in local MRC programs by meeting staffing needs. Attendees also will become more familiar with the benefits and challenges associated with this collaboration.

Topic Area: Sustainability

It's all About the Message!

B

Mike Weibel: Cache County MRC, Logan, UT

Julie Frasco: Maricopa MRC, Phoenix, AZ

Media outlets have many organizations vying daily for their limited amount of space in print or time on the airwaves. Programs such as the MRC must understand the media, know what the media is looking for, and convince the media to cover their MRC program rather than the other programs seeking coverage. The results may include increased recruitment, increased community support, and increased funding. This presentation will: 1) identify the various forms of media and key features of each medium; 2) describe newsworthiness and apply it to the development of

news releases, media advisories, news conferences, and other dissemination tools; 3) identify key components of crisis and emergency risk communications messaging; and 4) list the “dos and don’ts” of being a spokesperson.

Topic Area: Public Relations

When Psychological First Aid may not be Enough and The Mental Health Maze

G

Pat Santucci: Southwest Florida MRC, Fort Myers, FL

Jennifer Housley: Palo Alto MRC, Palo Alto, CA

Preparing volunteers for disaster mental health issues may be a unique challenge. Given limited resources, diverse populations, and complex psychosocial issues, mental health is an important factor for evacuees and disaster workers alike. This component of the panel presentation will identify the knowledge and skills that may be needed by the mental health professional. Clinical examples will highlight 10 important lessons learned and illustrate key points in disaster mental health that may help all volunteers prepare and respond more effectively.

Palo Alto (CA) MRC (PAMRC) team members were recently sent to Houston, TX, to work with Hurricane Katrina and Rita evacuees. The PAMRC’s response mission was to provide practitioners with “emergency” training in disaster mental health issues and interventions to aid local providers with assisting those that became part of their communities. This component of the panel presentation will offer a review of these lessons, feedback gathered from event responders, and a brief overview of PAMRC programs.

Topic Area: Mental Health

Flexible Partnering With the American Red Cross During Hurricanes Katrina and Rita

C

Maggie Elestwani: Harris County Hospital District MRC, Houston, TX

MRC members who participated in the MRC/American Red Cross (ARC) partnership during the response to Hurricanes Katrina and Rita served in vital roles to support the ARC. MRC members assigned to the Houston area participated in the core team of Houston-area disaster health services efforts with logistics, groundbreaking syndromic surveillance, coordination of the emergency assistance teams, and traditional shelter work. Partnering with ARC served both the Katrina evacuees (who had resettled to Houston) and the communities impacted by Hurricane Rita in the Houston area. This presentation will describe: 1) the components of successful partnering with ARC disaster health services, 2) ways to support ARC syndromic surveillance efforts during a disaster; and 3) coordination of ARC emergency assistance teams.

Topic Area: 2005 Hurricane Response/Local Partnership Building

Concurrent Sessions 4:00 p.m. – 4:45 p.m.

Arlington County Public Health Volunteer Management System (ACPH-VMS)

J

Jan Tenerowicz: Arlington County MRC, Arlington, VA

Valerie Seefried: George Washington University Institute for Crisis, Disaster, and Risk Management, Washington, DC

This session will address how Arlington County Public Health will manage and quickly train volunteers during a public health emergency. The Arlington County MRC has a system that includes processing, managing, and quickly training both pre-registered and spontaneous volunteers assisting public health in emergencies. This research-based model was developed as a collaborative project with the George Washington University Institute for Crisis, Disaster, and Risk Management. The ACPH-VMS includes a concept of operations, system description, position descriptions and qualifications, job action sheets, and tools to process and manage the volunteers. The system is flexible, scalable, and compliant with the National Incident Management System.

Topic Area: Volunteer Management

Katrina Response: Lessons Learned in Local Response/Hurricanes Katrina and Rita: An After Action Report From Dallas/The Response of the Texas State Guard: Uniformed MRC to Hurricanes Katrina and Hurricane Rita 2005

K

Evelio Matos: Rhode Island MRC, Coventry, RI

Lee D. Arning, Jr.: Dallas County Health & Human Services MRC, Dallas, TX

James L. Greenstone: Texas Medical Rangers MRC, San Antonio, TX

Marshall H. Scantlin: Texas Medical Rangers MRC, San Antonio, TX

During the unprecedented response to the aftermath of Hurricane Katrina, local communities provided care and services to evacuees from Louisiana, including Rhode Island. The RIMRC was instrumental in the response and care of the evacuees who arrived by assisting during the arrival and establishing a clinic for the first week of residency in Rhode Island. This component of the panel presentation will identify what worked and did not work in the establishment of the evacuee clinic. It also will discuss lessons learned for future major deployments.

The Dallas County MRC deployed volunteers to Dallas, TX, during the 2005 hurricane response. This component of the panel presentation will review the following After Action Report items: 1) emergent/just-in-time volunteers—what MRC units can expect, 2) what has to be in place prior to deployment, 3) what volunteers need during deployment, and 4) the barriers that existed during the 2005 hurricane response.

This component of the panel presentation will explain the call up, deployment, and development of the Texas State Guard Uniformed MRC during “Operation Hurricanes Katrina/Rita Response.” This statewide deployment and call to active duty included the services of Texas Medical Rangers in Dallas, Tyler, Houston, San Antonio, and several other cities and towns

throughout Texas. It also will provide “how to” information on developing a statewide uniformed military MRC and will demonstrate the surge capacity provided by the Texas Medical Rangers MRC.

Topic Area: 2005 Hurricane Response

Beyond Grant Funding: How to Sustain, Grow, and Endure

L

Kim Hunter: Douglas County Health Department MRC, Tuscola, IL

This session focuses on sustaining an MRC unit without grant funding through partnership building, community visibility, and sponsorship. The presentation will address the importance of becoming visible in a community and will illustrate how this visibility can lead to key components of sustainability, including unique partnerships and sponsorships. Rather than a “single-fix” approach, this method is multi-layered and has long-term ramifications. The presentation will: 1) help attendees understand what community visibility means and how to be more visible; 2) explore partnerships other than the traditional and locate new avenues for training, funding, and support; and 3) explore the possibilities of corporate sponsorship.

Topic Area: Sustainability

Your Local Citizen Corps: An MRC Coordinator’s Best Tool

B

Melodie Ray: City of Orlando MRC, Orlando, FL

The City of Orlando MRC is a regional program that works with three established Citizen Corps programs and is helping to build two additional programs. The relationships built with each Citizen Corps coordinator and council has enabled the City of Orlando MRC to receive additional funding, free promotion, participation in recruitment fairs, and more. This presentation will address the importance of being active in local Citizen Corps programs, how Citizen Corps councils differ by locality, and what this means to an MRC unit. In addition, the presenter is both an MRC and Citizen Corps coordinator. The presentation will: 1) address how to build a relationship with local Citizen Corps councils and coordinators; 2) identify benefits of building this relationship; and 3) discuss potential joint activities.

Focus Area: Local Partnership Building

Working in an Emergency Operation Center During a Disaster

C

Edward Kemper: McHenry County MRC, Woodstock, IL

Amy Anderson: Homeland Security VISTA/American Red Cross, Viola, IL

Presenters for this session will describe how they spent their time working in a liaison team for the Emergency Operation Center for Beauregard Parish (LA) coordinating shelter management, evacuation, staff management, assisting the American Red Cross headquarters, and working closely with local, parish, state, and Federal agencies during the 2005 hurricane response. The

presenters will illustrate how this experience was a true representation of how a National Incident Management System worked and how well the system interfaced with the agencies.

Topic Area: 2005 Hurricane Response

Disaster Communications and Ham Radio

G

Jeffrey Reilly: Westchester County Department of Emergency Service MRC, White Plains, NY

This session will focus on the current development and implementation of an MRC unit's amateur radio system and increase awareness in MRC units where communication during a deployment is necessary. Teaching MRC units how to augment a severely damaged or crippled infrastructure through the use of ARES/RACES and the MRC will help solidify the partnerships that either currently exist or are being developed. The presentation will: 1) increase awareness of the benefits of amateur radio to individual MRC units, 2) foster a stronger national network of ham radio operators, and 3) offer communication alternatives in a disaster setting.

Topic Area: Utilization of Technology/Communications